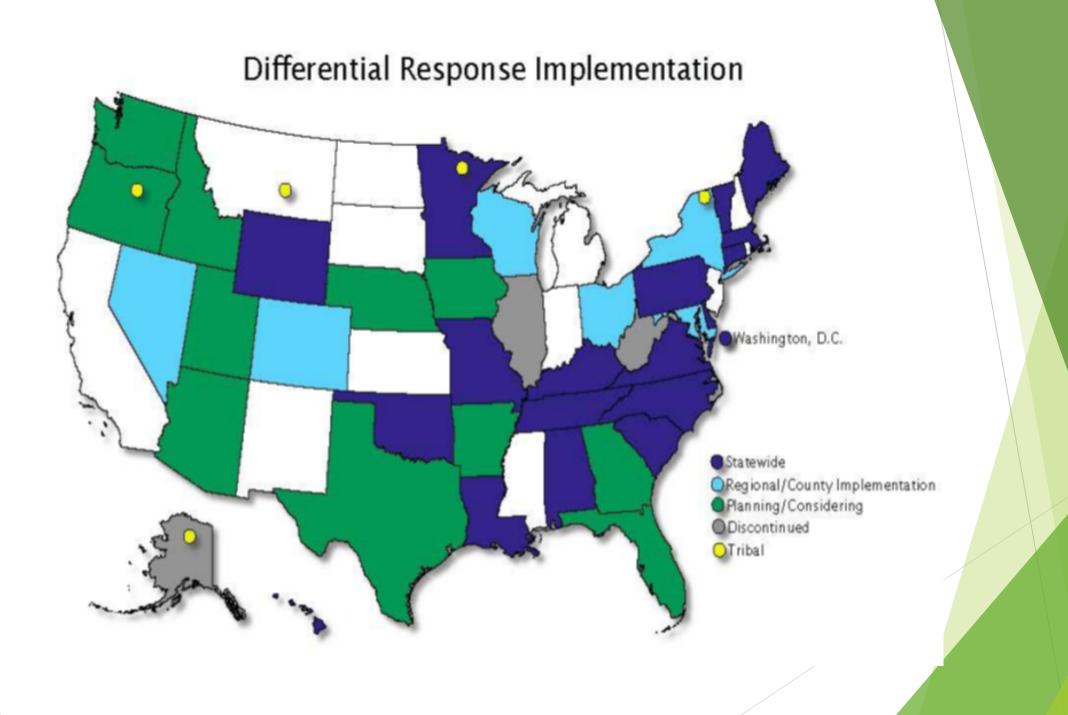


Partnering with families to safely care for children in their own homes and communities.



ALTERNATIVE RESPONSE (AR)

- LB 853 was passed in the second legislative session of 2014.
- This bill provides the ability to respond to reports of child abuse and neglect in two different and distinct approaches:
 Alternative Response and Traditional Response.



WHAT IS ALTERNATIVE RESPONSE (AR)?

Alternative Response is an additional approach to help families with less severe reports of child abuse and neglect to receive the services and supports they need to keep them safe.



WHAT IS TRADITIONAL RESPONSE (TR)?



A Traditional Response is an investigation to determine whether child abuse or neglect occurred and who is responsible for the maltreatment.

RESPONSE ASSIGNMENT

- The assignment to Alternative Response (AR) or Traditional Response (TR) begins at the hotline with the application of an in depth exclusionary screening tool.
- Some families are immediately assigned to local DCFS and Law Enforcement for a Traditional Response due to immediate safety concerns.
- Some families are referred to the Review, Evaluate, and Decide (RED)Team for a secondary screening to

Review Evaluate Decide (RED) Team

The RED team reviews

- Severity of the allegation
- Access to the perpetrator
- Vulnerability of the child
- History including previous reports
- Parental cooperation
- Parent/Caretaker protective factors

The RED Teams decides

Pathway assignment AR or TR

ALTERNATIVE RESPONSE (AR) OR TRADITIONAL RESPONSE (TR)



- In either approach, DCFS assesses the situation to determine safety of and risk to the child.
- A child in imminent danger follows the TR path and DCFS works with local law enforcement to investigate and keep children safe.
- Law enforcement receives copies of both TR and AR reports.

RESPONSE DIFFERENCES

Traditional Response

- Allegations more severe
- Labels perpetrator and victim
- Law Enforcement involved and possible citation
- Interview protocol alleged victim 1st unannounced visit
- Finding and possible Central Registry
- Services often provided after thorough assessment
- Families assigned for TR must stay within this path

Alternative Response

- Allegations less severe
- Labels caregiver and child
- Law Enforcement not involved
- Interview protocol caregiver first announced visit
- No Finding
- Services provided as soon as need identified
- Families assigned AR may choose to change to a TR approach during the assessment

TYPES OF REPORTS BY RESPONSE

Investigation Response

- Suspicious child death or homicide
- Sexual abuse
- Severe physical harm
- Reports involving childcare providers, teachers, etc.

Alternative Response

- Lack of supervision
- Medical neglect
- Poor living conditions
- ► Educational neglect
- Poverty Related neglect

RESPONSE SIMILARITIES

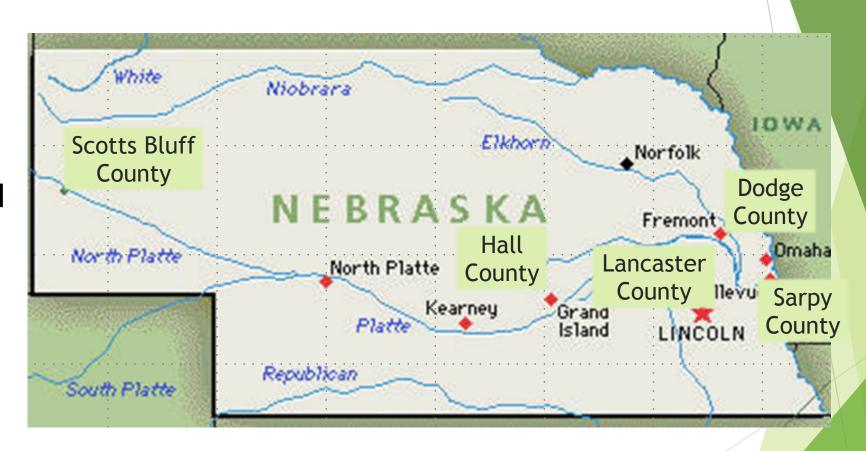
Both Alternative Response and Traditional Response:

Assess and promote the safety, permanency and wellbeing of children

► Partner with parents/caregivers and communities to connect families with needed supports and services.

PILOT SITES

Scheduled for 10/1/2014 once approved by Federal DHHS



Alternative Response Evaluation

- ► IV-E 5 Year Pilot Project
- ► Center on Children, Families and the Law contracted to complete the evaluation over the course of the 5 years
- ► 50% of all families eligible for an Alternative Response(AR) will receive a Traditional Response(TR) in order to compare outcomes and evaluate what impact AR has with families.

Projected Number of Families to Receive an Alternative Response in Each Pilot Site

5 PILOT SITES	AVERAGE # OF PROJECTED AR	AFTER RANDOMIZER AVERAGE # OF PROJECTED AR INTAKES/YEAR
Lancaster	23.5	282
Sarpy	9.5	114
Dodge	3.5	42
Scotts Bluff	3.5	42
Hall	5	60
Total	45	540

WHAT IMPACT DO WE WANT TO MAKE WITH ALTERNATIVE RESPONSE?

- 1. Decreased maltreatment allegations (screened in reports)
- 2. Decreased substantiated maltreatment allegations
- 3. Increased timeliness and adequacy of services and supports
- 4. Decreased entries (removals) to out of home care
- 5. Improved child and family well being
- 6. Enhanced protective factors
- 7. Increased worker satisfaction
- 8. Strengthened partnership between agency, providers and community stakeholders
- 9. Workforce composition becomes more social work oriented
- 10. Improved staff retention

AR IMPLEMENTATION AND LOCAL COMMUNITIES

► Each of the five pilot sites is working with the community to develop flexible funding processes to provide families with concrete supports such as transportation, food, and shelter.

► DCFS and communities are working together to connect families with formal and informal supports for sustainability and prevention of future risk of maltreatment.

2014 AR IMPLEMENTATION

Department of Health & Human Services

DHHS

N E B R A S K A

- Training of Supervisors and Workers in pilot sites
- Service Array Community
 Meetings(Inventory of available
 evidenced based practices in pilot
 sites, matching of available services
 to protective factors,flexible funding
 options,pilot site case review to
 further identify target population)

- AR website
- Continuous Quality Improvement process and measures defined
- Work with Federal DHHS to seek final approval for AR implementation
- · AR Community Kickoff meetings
- · Rules and Regulations submitted

- AR case reviews
- Planning for 2nd stage roll out
- Restructuring stakeholder meetings from implementation to sustainability formats



July August September

otember October

November

December



- Red Team screening training and mock reviews for consistency development
- Community Readiness Assessments
- N-FOCUS changes to support AR
- Parent Focus Groups to provide input on AR implementation

 AR begins in 5 Pilot Sites

• Resource Development Staff Training

- Pilot site AR staff development meetings (training and supports check in)
- Sustainabilty Plan Development

Questions/Comments